2053813999 PATRICK JS INOUYE PS PAGE 02 01/18/2005 15:22 te and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 JAN 18 2005 (703) 746-4000 <u></u> or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated under the propriate of the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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transmitted to the USPTO (703) 746-4000, on the date indicated below. PATRICK I S INOUYE P S 810 3RD AVENUE SUITE 258 SEATTLE, WA 98104 (Depositor's name) Szul Krystyna 01/21/2005 DEMMANU2 00000049 10646244 (Signature) 1400.00 OP 01 FC:1501 January 18, 2005 02 FC:1504 300.00 OP 03 FC:8001 PICINGOLIFE APPLICATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 020.0338.US.CON 9403 10/646,244 08/22/2003 Gust H. Bardy TITLE OF INVENTION: SYSTEM AND METHOD FOR DETERMINING A REFERENCE BASELINE OF REGULARLY RETRIVED PATIENT INFORMATION FOR AUTOMATED REMOTE PATIENT CARE DATEDUE ISSUE FEE TOTAL FEE(S) DUE SMALL ENTITY **PUBLICATION FEE** APPLN. TYPE \$1400 \$300 \$1700 04/13/2005 nonprovisional NQ ART UNIT CLASS-SUBCLASS **EXAMINER** LAYNO, CARL HERNANDZ 3762 600-300000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Inouye Patrick J.S. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) stiached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Cardiac Intelligence Corporation Seattle, Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. 🖾 Issue Fee Payment by credit card. Form PTO-2038 is attached. 🔁 Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 503031 (enclose an extra copy of this form). 🖾 Advance Order - # of Copies . 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (If any) or to re-apply any previously paid issue fee to the application identified above.

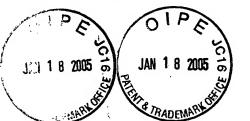
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered amorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Tradequark Office. January 18, 2005 Authorized Signature Patrick J.S. Inouye 40,297 Registration No. Typed or printed name

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## The Law Offices of Patrick J.S. Inouye

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2 EXCESS CLAIM FEES					Small Entity			
Fee Description				Eee_(\$)	Fee (\$)			
Each claim over 20 or, for Reissues, each	claim over 20 a	nd more than in the or	riginal patent	50	25			
Each independent claim over 3 or, for Re	issues, each inde	enendent claim more t	han in the original natent	200	100			
Multiple dependent claims	,		and original parcit	360	180			
Total Claims Extra Claims	Eee (\$)	Fee Paid (\$)	Multiple Depende		100			
-20 or HP =	х	=	Fee (\$)	Fee Paid	\$1			
HP = highest number of total claims paid for, if groater than 20								
Indep. Claims Extra Claims	Fea (\$)	Fee Paid (\$)	· ———		<del></del>			

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Signature	7 10 10 m	Registration No. 40297 (Attorney/Agent)	Telephone	(206) 381-3900
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